STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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GOVER-PAGE

Please type or print in in	k.	
NAME OF FILER (LAST)	(FIRST)	ZUIN HAR - 1 PH 1 (MODLE)
Proskow	Christi	Leigh
1. Office, Agency, o	or Court	TENNING REPORTED
Agency Name (Do not	use acronyms)	11数据数据: (155c)
Natural Resource	es Agency - Department of Conserval	ion
	ment, District, if applicable	Your Position
	as and Geothermal Resources	Energy and Mineral Resources Engineer
► If filing for multiple p	positions, list below or on an attachment. (Do no	ot use acronyms)
Agency:		Position:
2. Jurisdiction of (Office (Check at least one box)	
State Multi-County	Barbara, San Luis, Monterey, Santa Clara Santa Cruz, San Ber	Judge or Court Commissioner (Statewide Jurisdiction) County of Other
3. Type of Stateme	ent (Check at least one box)	
Annual: The period December -or-	od covered is January 1, 2017, through er 31, 2017. od covered is, through	Check one) The period covered is January 1, 2017, through the date of leaving office.
•	or 31, 2017. Date assumed/	O The period covered is/, through the date of leaving office.
Candidate: Date	of Election and office so	ught, if different than Part 1:
4. Schedule Summ	ary (must complete) > Total num	ber of pages including this cover page:2
Schedules atta		iber of pages including this cover page.
Schedule A-2	Investments – schedule attached Investments – schedule attached Real Property – schedule attached	☐ Schedule C - Income, Loans, & Business Positions – schedule attached ☐ Schedule D - Income – Gifts – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments — schedule attached
-or-		
☐ None - No rep	ortable interests on any schedule	
5. Verification		
MAILING ADDRESS	STREET CITY	STATE ZIP CODE
195 S. Broadway	Recommended - Public Document) Suite 101 Or.	cutt CA 93455
DAYTIME TELEPHONE NUM		E-MAIL ADDRESS
(805) 937-724	and the same of th	Christi.Proskow@conservation.ca.gov
I have used all reasona herein and in any attac	ble diligence in preparing this statement. I have the schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
I certify under penalty	of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
Date Signed 2/26/20	018 (month, day, year)	Signature(File the originally signed statement with your filling official.)
		1. We was distributed accountant that you many untolar,

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

	OALII OMIATOM			
	FAIR POLITICAL PRACTICES COMMISSION			
_	-Name-			
	Christi Proskow			

>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
	Nationwide Retirement Solutuions		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Deferred Compensation - 401K		
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT		
	NATURE OF INVESTMENT Diversified Portfolio	NATURE OF INVESTMENT Stock Other	
	(Describe)	(Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
		/ / 17 / 17	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	-
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
		CENTRAL DESCRIPTION OF THIS BOOKESS	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$2,000 - \$10,000	
	S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT	
	(Describe)	Stock Other (Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
		II AIT GOADEL, GOT DATE.	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
—	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	-
	GENERAL DESCRIPTION-OF-THIS BUSINESS	GENERAL DESCRIPTION-OF-THIS-BUSINESS	
	1	- CENERAL PERSONNELLON - INIO-DOINESS	
	A		
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other (Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)	ı
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
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	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
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